

# BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

(Project Title)

☐ Input  
 Validity ☐ Yes ☐ No 1988  
☐ Output Project Number

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(Project Title)

## TYPE OF FILE

(File Name)

☐ Punch Card Form RECORD SPECIFICATIONS

☐ Magnetic Tape

☐ Disk (Record Title)

☐ ISAM \*FILE SEQUENCE

☐ Key Tape Data Positions

☐ Paper Tape

## RECORD DATA

## MISCELLANEOUS DATA

Label \_\_\_\_\_  
 Record Length \_\_\_\_\_  
 Blocking Factor \_\_\_\_\_

Volume \_\_\_\_\_ Per \_\_\_\_\_  
 Source \_\_\_\_\_  
 Recipient \_\_\_\_\_

Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	27	1 - 27	IDENTIFICATION INFORMATION			
	2	1 - 2	FIPS STATE CODE			
	1	3	STRATUM CODE			
	5	4 - 8	PSU NUMBER			
	1	9	RECORD NUMBER			
	6	10 - 15	DATE OF INTERVIEW			
	2	16 - 17	INTERVIEWER IDENTIFICATION			

Sorted Tape - \*If sorted tape, fill in top of this page and refer to basic file in the field data

Data Field Seq. - List sequence from Details of Data Fields.

Type - N = Numeric A = Alpha AN= Alpha/Numeric

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Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	8	18 - 25	TELEPHONE NUMBER			
	2	26 - 27	FINAL DISPOSITION OF TELEPHONE CALL			01=Completed Interview 02=Refused Interview 03=Non-Working Number 04=No Answer 05=Business Telephone 06=No Eligible Respondent at this number 07=No Eligible Respondent could be reached during time period 08=Language barrier Prevented Completion of Interview 09=Interview Terminated with Questionnaire 10=Line Busy 11=Selected Respondent Unable to Respond Because of Physical or Mental Impairment
	1	28	NUMBER OF ADULTS IN HOUSEHOLD			(18 Years Plus)
	1	29	NUMBER OF ADULT MEN IN HOUSEHOLD			(18 Years Plus)
	1	30	NUMBER OF ADULT WOMEN IN HOUSEHOLD			(18 Years Plus)
	1	31	SEATBELT USE			1=Always 2=Nearly Always 3=Sometimes 4=Seldom 5=Never 7=Don't Know/Not Sure 8=Never Ride in a Car 9=Refused

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Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	1	32	TOLD YOU HAVE HIGH BLOOD PRESSURE			1=No 2=Yes, By a Doctor 3=Yes, By a Nurse 4=Yes, By a Health Profession 7=Don't Know/Not Sure 9=Refused
	1	33	TOLD BLOOD PRESSURE HIGH MORE THAN ONCE			1=More Than Once 2=Only Once 7=Don't Know/Not Sure 9=Refused
	1	34	MEDICINE PRESCRIBED FOR HIGH BLOOD			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	35	CURRENTLY TAKING MEDICATION			1=Yes, Most of the Time 2=Yes, Occasionally 3=No 7=Don't Know/Not Sure 9=Refused
	1	36	BLOOD PRESSURE PRESENTLY NORMAL			1=Normal 2=Under Control 3=Still High 7=Don't Know/Not Sure 9=Refused
	1	37	PARTICIPATE IN ACTIVITIES SUCH AS RUN, WALK, GARDENING, GOLF OR CALISTHENICS			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	2	38 - 39	TYPE OF PHYSICAL ACTIVITY OR EXERCISE			99=Refused (See Last Page for Activity C

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Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
		*	NOTE: DATA IS CODED IN COLUMNS 40-42 IF COLUMNS 38-39 ARE CODED 22, 30, 46, or 51			
	3	40 - 42	HOW FAR DO YOU WALK, RUN, JOG, SWIM?			Coded in Miles and Tenths 777=Don't Know/Not Sure 999=Refused
	3	43 - 45	HOW OFTEN TAKE PART IN ACTIVITY?			101-198=# Times Per Week 201-298=# Times Per Month 777=Don't Know/Not Sure 999=Refused
	3	46 - 48	HOW MANY MINUTES OR HOURS TAKE PART IN ACTIVITY?			Coded in Hours and Minutes 777=Don't Know/Not Sure 999=Refused
	1	49	WAS THERE ANOTHER EXERCISE OR ACTIVITY YOU PARTICIPATED IN?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	2	50 - 51	TYPE OF PHYSICAL ACTIVITY GAVE NEXT MOST EXERCISE			99=Refused (See Last Page for Activity C
		*	NOTE: DATA IS CODED IN COLUMNS 52-54 if COLUMNS 50-51 ARE CODED 22, 30, 46, or 51			

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Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	3	52 - 54	HOW FAR DID YOU WALK , RUN, JOG, SWIM?			777=Don't Know/Not Sure 999=Refused Coded in Miles and Tenths
	3	55 - 57	HOW OFTEN DID YOU TAKE PART IN ACTIVITY?			101-198=# Times Per Week 201-298=# Times Per Month 777=Don't Know/Not Sure 999=Refused
	3	58 - 60	HOW MANY MINUTES OR HOURS TAKE PART IN ACTIVITY?			777=Don't Know/Not Sure 999=Refused Coded in Hours and Minutes
	3	61 - 63	WEIGHT WITHOUT SHOES			777=Don't Know/Not Sure 999=Refused Coded in Pounds
	3	64 - 66	HEIGHT WITHOUT SHOES			777=Don't Know/Not Sure 999=Refused Coded in Feet and Inches
	1	67	NOW TRYING TO LOSE WEIGHT			1=Yes 2=No 9=Refused
	1	68	EATING FEWER CALORIES TO LOSE WEIGHT			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	69	INCREASED PHYSICAL ACTIVITY TO LOSE WEIGHT			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	70	HOW OFTEN DO YOU ADD SALT TO YOUR FOOD?			1=Most of the Time 2=Sometimes 3=Rarely 4=Never 7=Don't Know/Not Sure 9=Refused

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Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	1	71	WOULD YOU SAY YOUR DIET IS HIGH, MEDIUM OR LOW IN FIBER?			1=High 2=Medium 3=Low 7=Don't Know/Not Sure 9=Refused
	1	72	WOULD YOU SAY YOUR DIET IS HIGH, MEDIUM OR LOW IN FAT?			1=High 2=Medium 3=Low 7=Don't Know/Not Sure 9=Refused
	1	73	SMOKED 100 CIGARETTES IN LIFE			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	74	DO YOU SMOKE NOW?			1=Yes 2=No 9=Refused
	2	75 - 76	NUMBER OF CIGARETTES SMOKE A DAY			01-87=# of Cigarettes 88=Don't Smoke Regularly 99=Refused
		77	STOPPED SMOKING FOR A WEEK OR MORE IN PAST YEAR			1=Yes 2=No 9=Refused
	1	78	EVER USED SMOKELESS TOBACCO			1=Yes, Chewing Tobacco 2=Yes, Snuff 3=Yes, Both 4=No, Neither 7=Don't Know/Not Sure 9=Refused

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Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	1	79	CURRENTLY USE SMOKELESS TOBACCO			1=Yes, Chewing Tobacco 2=Yes, Snuff 3=Yes, Both 4=No, Neither 7=Don't Know/Not /Sure 9=Refused
	1	80	HAD ANY BEER, WINE, OR LIQUOR IN THE PAST MONTH?			1=Yes 2=No 9=Refused
	3	81 - 83	IN PAST MONTH, HOW OFTEN DRINK BEER (DAYS PER WEEK/MONTH)?			101-107=# Days Per Week 201-231=# Days Per Month 888=Never/None 777=Don't Know/Not Sure 999=Refused
	2	84 - 85	NUMBER OF BEERS DRANK ON THE AVERAGE			01-76=# of Beers 77=Don't Know/Not Sure 99=Refused
	3	86 - 88	HOW OFTEN DRINK WINE IN PAST MONTH (DAYS PER WEEK/MONTH)?			101-107=# Days Per Week 201-231=# Days Per Month 888=Never/None 777=Don't Know/Not Sure 999=Refused
	2	89 - 90	# GLASSES OF WINE DRANK ON THE AVERAGE			01-76=# Drinks 77=Don't Know/Not Sure 99=Refused
	3	91 - 93	HOW OFTEN DRINK, RUM, VODKA, GIN OR WHISKEY (DAYS PER WEEK/MONTH)?			101-107=# Days Per Week 201-231=# Days Per Month 888=Never/None 777=Don't Know/Not Sure 999=Refused
	2	94 - 95	NUMBER OF DRINKS OF LIQUOR ON THE AVERAGE			01-76=# of Drinks 77=Don't Know/Not Sure 99=Refused
	2	96 - 97	# TIMES 5+ DRINKS ON AN OCCASION			01-76=# Times 88=None 77=Don't Know/Not Sure 99=Refused

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Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	2	98 - 99	# TIMES DRIVEN WHEN YOU'VE HAD TOO MUCH TO DRINK			01-76=# Times 88=None 77=Don't Know/Not Sure
	1	100	HOW LONG SINCE LAST VISITED DR. FOR ROUTINE CHECKUP			1=Within Past Year 2=Within Past Two Years 3=Within Past Five Years 4=More than Five Years ago 7=Don't Know/Not Sure 8=Never 9=Refused
	1	101	EVER HAD CHOLESTEROL CHECKED?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	102	HOW LONG SINCE LAST HAD CHOLESTEROL CHECKED?			1=Within Past Year 2=Within Past Two Years 3=Within Past Five Years 4=More than Five Years ago 7=Don't Know/Not Sure 9=Refused
	1	103	TOLD CHOLESTEROL LEVEL IN NUMBERS			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	3	104-106	WHAT IS YOUR CHOLESTEROL LEVEL?			Record the Number 777=Don't Know/Not Sure 999=Refused
	1	107	EVER BEEN TOLD BY DR. OR OTHER HEALTH PROFESSIONAL THAT BLOOD CHOLESTEROL HIGH			1=Yes, by a Doctor 2=Yes, by Other HP 3=No 7=Don't Know/Not Sure 9=Refused



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Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	1	108	UNDER DR. ADVICE TO REDUCE CHOLESTEROL LEVEL			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	109	MEDICINE PRESCRIBED TO LOWER YOUR CHOLESTEROL			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	110	PROVIDE A LOW FAT OR LOW CHOLESTEROL DIET			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	111	REFER YOU TO A DIETITIAN, NUTRITIONIST, OR NURSE TO REDUCE FAT OR CHOLESTEROL			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	112	EVER BEEN TOLD BY A DOCTOR THAT YOU HAVE DIABETES			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	113	HOW LONG SINCE LAST HAD BLOOD PRESSURE CHECKED BY DR. OR OTHER HEALTH PROFESSIONAL?			1=Within Past Year 2=Within Past Two Years 3=Within Past Five Years 4=More than Five Years ago 7=Don't Know/Not Sure 8=Never 9=Refused
	1	114	TOLD BLOOD PRESSURE IN NUMBERS			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

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Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	6	115-120	WHAT WAS BLOOD PRESSURE IN NUMBERS?			Record the Number 777777=Don't Know/Not Sure 999999=Refused
	2	121-122	AGE ON LAST BIRTHDAY			18-99=All Ages* 07=Don't Know/Not Sure 09=Refused *(99 Is Also Co For Ages Greater Than 9
	1	123	RACE			1=White 2=Black 3=Asian or Pacific Islander 4=Aleutian, Eskimo or American Indian 5=Other 7=Don't Know/Not Sure 9=Refused
	1	124	HISPANIC ORIGIN			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	125	HIGHEST GRADE OR YEAR OF SCHOOL COMPLETED			1=Less Than 9th Grade 2=Some High School 3=High School Grad or GED Cer 4=Some Technical School 5=Technical School Graduate 6=Some College 7=College Graduate 8=Post Grad or Professional Degree 9=Refused
	1	126	EMPLOYMENT STATUS			1=Employed for Wages 2=Self Employed 3=Out of Work For More Than 0 Year 4=Out Of Work For Less Than 0 Year 5=Homemaker 6=Student 7=Retired 9=Refused

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Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	1	127	MARITAL STATUS			1=Married 2=Divorced 3=Widowed 4=Separated 5=Never Been Married 6=Member of Unmarried Couple 9=Refused
	1	128	TOTAL HOUSEHOLD INCOME			1=Less than \$10,000 2=\$10,000 to \$15,000 3=\$15,000 to \$20,000 4=\$20,000 to \$25,000 5=\$25,000 to \$35,000 6=\$35,000 to \$50,000 8=Over \$50,000 7=Don't Know/Not Sure 9=Refused
	1	129	SEX			1=Male 2=Female
	1	130	ARE YOU NOW PREGNANT? (ASK ONLY TO FEMALES 18-45 YEARS OF AGE)			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	2	131-132	WHAT MONTH IS YOUR BABY DUE?			Code Month 01 - 12 77=Don't Know/Not Sure 99=Refused
	1	133	ARE YOU CURRENTLY TAKING BIRTH CONTROL PILLS?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	134	# OF TELEPHONE NUMBERS			1-5=Total Number of Numbers
* NOTE COLUMNS 135 - 171 CONTAIN MODULES 1 - 6						

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Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
* MODULE 1: COUNTY OF RESIDENCE:						
	3	135-137	WHAT COUNTY DO YOU LIVE IN?			Record County Code: (See List 777=Don't Know/Not Sure 999=Refused
* MODULE 2: BREAST CANCER SCREENING:						
	1	138	HAVE YOU EVER HEARD OF A MAMMOGRAM?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	139	HAVE YOU EVER HAD A MAMMOGRAM?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	140	HOW LONG SINCE LAST MAMMOGRAM?			1=Within Past Year 2=Within Past Two Years 3=Within Past Five Years 4=More than Five Years ago 7=Don't Know/Not Sure 9=Refused
	1	141	WHY WAS MAMMOGRAM DONE?			1=Routine Checkup 2=Breast Problem 3=Had Breast Cancer 7=Don't Know/Not Sure 9=Refused
	1	142	DO YOU KNOW HOW TO EXAMINE YOUR OWN BREASTS FOR LUMPS?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

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Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	3	143-145	HOW OFTEN DO YOU EXAMINE YOUR BREASTS FOR LUMPS?			Record Number of Times 101-1xx=# Times Per Day 201-2xx=# Times Per Week 301-3xx=# Times Per Month 401-4xx=# Times Per Year 777=Don't Know/Not Sure 888=Never 999=Refused

\* MODULE 3: CERVICAL CANCER SCREENING

	1	146	HAVE YOU EVER HEARD OF A PAP SMEAR TEST?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	147	HAVE YOU EVER HAD A PAP SMEAR?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	148	HOW LONG SINCE LAST PAP SMEAR?			1=Within Past Year 2=Within Past Two Years 3=Within Past Five Years 4=More than Five Years ago 7=Don't Know/Not Sure 9=Refused
	1	149	HAVE YOU HAD A HYSTERECTOMY?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

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Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
* MODULE 4: COLORECTAL CANCER SCREENING:						
	1	150	HAVE YOU EVER HEARD OF A DIGITAL RECTAL EXAMINATION?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	151	HAVE YOU EVER HAD A DIGITAL RECTAL EXAMINATION?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	152	HOW LONG SINCE LAST DIGITAL RECTAL EXAMINATION?			1=Within Past Year 2=Within Past Two Years 3=Within Past Five Years 4=More than Five Years ago 7=Don't Know/Not Sure 9=Refused
	1	153	HAVE YOU EVER HEARD OF A BLOOD STOOL TEST?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	154	HAVE YOU EVER HAD A BLOOD STOOL TEST?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	155	HOW LONG SINCE LAST BLOOD STOOL TEST?			1=Within Past Year 2=Within Past Two Years 3=Within Past Five Years 4=More than Five Years ago 7=Don't Know/Not Sure 9=Refused

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Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	1	156	HAVE YOU EVER HEARD OF A PROCTOSCOPIC EXAMINATION?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	157	HAVE YOU EVER HAD A PROCTOSCOPIC EXAMINATION?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	158	HOW LONG SINCE LAST PROCTOSCOPIC EXAMINATION?			1=Within Past Year 2=Within Past Two Years 3=Within Past Five Years 4=More than Five Years ago 7=Don't Know/Not Sure 9=Refused

## \* MODULE 5: INJURY CONTROL AND CHILD SAFETY:

	1	159	IS THERE A WORKING SMOKE DETECTOR IN YOUR HOUSEHOLD?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	160	IN THE PAST 12 MONTHS HAVE YOU (OR HAS ANYONE IN YOUR HOUSEHOLD) USED A THERMOMETER TO TEST THE TEMPERATURE OF THE HOT WATER?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	2	161-162	WHAT IS THE AGE OF THE YOUNGEST CHILD IN YOUR HOUSEHOLD?			1-17=Child Age 77=Don't Know/Not Sure 88=No Children in Household 99= Refused
	1	163	DO YOU HAVE THE TELEPHONE NUMBER FOR A POISON CONTROL CENTER IN YOUR AREA?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

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Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	1	164	DO YOU HAVE ANY I P E C A C SYRUP IN YOUR HOUSEHOLD?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	165	WHEN RIDING IN A CAR, HOW OFTEN IS THE YOUNGEST CHILD BUCKLED IN A CAR SAFETY SEAT OR SEAT BELT?			1=All The Time 2=Most of The Time 3=Sometimes 4=Rarely 5=Never 7=Don't Know/Not Sure 9=Refused

\* MODULE 6: AIDS:

	1	166	COMPARED TO MOST PEOPLE, HOW MUCH WOULD YOU SAY YOU KNOW ABOUT A I D S?			1=A Lot 2=Some 3=A Little 4=Nothing 7=Don't Know/Not Sure 9=Refused
	1	167	WHAT ARE YOUR CHANCES OF GETTING THE A I D S VIRUS?			1=High 2=Medium 3=Low 4=None 7=Don't Know/Not Sure 9=Refused
	1	168	HAS CONCERN ABOUT A I D S CHANGED YOUR LIFE IN ANY WAY?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	169	HAVE YOU HAD YOUR BLOOD TESTED FOR THE A I D S VIRUS?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused



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Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	1	170	WAS IT WHEN YOU DONATED BLOOD OR SOME OTHER TIME?			1=When Donated Blood 2=Some Other Time 3=Both 7=Don't Know/Not Sure 9=Refused
	1	171	HAVE YOU EVER PERSONALLY KNOWN ANYONE WITH THE A I D S VIRUS INFECTION OR WITH A I D S?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	79	172-250	STATE SPECIFIC INFORMATION			
	1	251	NEW RACE CODE			1=White 2=Black 3=Hispanic, White 4=Hispanic, Black 5=Other Hispanic 6=Aleutian, Eskimo, or Am. In 7=Don't Know/ Not Sure 8=Asian or Pacific Islander 9=Refused
	1	252	COMPUTED SMOKING STATUS			1=Current 2=Former Smoker 3=Never Smoked 4=Not Regular Smoker 9=Refused
	1	253 *	NOTE: THIS COLUMN IS NOT FOR USE			
	3	254-256	NUMBER OF BEERS DRANK			001-766=# Beers Monthly 888=Never or None 777=Not Sure How Many 999=Refused 000=Didn't Drink in Past Month

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Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	1	257 *	NOTE: THIS COLUMN IS NOT FOR USE			
	3	258-260	NUMBER OF GLASSES OF WINE			001-766=# Glasses Monthly 888=Never or None 777=Not Sure How Many 999=Refused 000=Didn't Drink in Past Mont
	1	261 *	NOTE: THIS COLUMN IS NOT FOR USE			
	3	262-264	NUMBER OF DRINKS OF LIQUOR			001-766=# Of Drinks Monthly 888=Never or None 777=Not Sure How Many 999=Refused 000=Didn't Drink in Past Mont
	4	265-268	TOTAL NUMBER DRINKS A MONTH			0001-1000=# Drinks 8888=Did not Drink in The Pas Month 9999=Refused
	5	269-273	WEIGHT FOR HEIGHT PERCENT OF MEDIAN			999.99 (2 Implied (Decimal Places)
	13	274-286	RISK FACTORS			1=At Risk 0=Not At Risk 9=Refused
	1	274	AT RISK FOR SEATBELT USE(1) (SELDOM AND NEVER)			
	1	275	AT RISK FOR SEATBELT USE (2) (SOMETIMES, SELDOM & NEVER)			

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Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	1	276	AT RISK FOR HYPERTENSION(1) (TOLD BLOOD PRESSURE HIGH AND BLOOD PRESSURE STILL HIGH)			
	1	277	AT RISK FOR HYPERTENSION(2) (TOLD BLOOD PRESSURE HIGH)			
	1	278	AT RISK FOR HYPERTENSION(3) (TOLD BP HIGH, OR PERSON TOLD ON MORE THAN ONE OCCASION BP HIGH OR, PERSON CURRENTLY TAKING MEDICATION FOR HYPERTENSION)			
	1	279	AT RISK FOR OBESITY (GREATER THAN 120% OF WEIGHT FOR HEIGHT PERCENT OF MEDIAN)			
	1	280	AT RISK FOR SMOKING (CURRENT SMOKERS)			
	1	281	AT RISK FOR ACUTE DRINKING (REPORTED HAVING 5+ DRINKS AT LEAST ONCE ON AN OCCASION)			
	1	282	AT RISK FOR DRINKING AND DRIVING (REPORTED HAVING DRIVEN AT LEAST ONCE WHEN PERHAPS HAD TOO MUCH TO DRINK)			
	1	283	AT RISK FOR CHRONIC DRINKING (HAVING 60+ DRINKS A MONTH)			
	1	284	AT RISK FOR SEDENTARY LIFESTYLE (SEDENTARY OR IRREGULAR PHYSICAL ACTIVITY PROFILE)			
	1	285	AT RISK FOR SMOKELESS (CURRENT USER)			

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 Date \_\_\_\_\_

Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	1	286	AT RISK FOR OVERWEIGHT BASED ON BMI (AT RISK DEFINED AS)			>27.8 For Males and >27.3 For Females
	1	287	PHYSICAL ACTIVITY LEVEL			1=Sedentary 2=Irregular Activity 3=Regular Activity 4=1990 Objective 0,9=Unknown
	1	288	COMPUTED SMOKELESS STATUS			1=Current user 2=Former user 3=Never used 9=Unknown
	3	289 - 291	BODY MASS INDEX			99.9 (1 Implied Decimal Place)
	1	292	BLANK			
	4	293 - 296	RAW WEIGHTING FACTOR UNEQUAL SELECTION PROBABILITY WEIGHT			99.99 (2 Implied Decimal Places) Number of Adults in Household Divided by the Number of Tele- phones to Reach Household
	4	297 - 300	CLUSTER SIZE ADJUSTMENT (CSA)			99.99 (2 Implied Decimal Places) Expected Cluster Size Divided by the Actual Cluster Size
	4	301 - 304	WT1 THE PRODUCT OF UNEQUAL SELECTION PROBABILITY WEIGHT AND CLUSTER SIZE ADJUSTMENT			RAW * CSA 99.99 (2 Implied Decimal Places)

RECORD SPECIFICATION - CONTINUATION SHEET

Sec. \_\_\_\_\_  
 Exh. \_\_\_\_\_  
 Page 21  
 Date \_\_\_\_\_

Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	10	305 - 314	POST STRATIFICATION (FREQUENCY BY AGE/RACE/SEX DISTRIBUTION FROM 1980 CENSUS DIVIDED BY THE WEIGHTED SAMPLE FREQUENCY BY AGE/RACE/SEX)			99.99 (2 Implied Decimal Places )
	10	315 - 324	FINAL WEIGHT: POST STRATIFICATION MULTIPLIED BY THE PRODUCT OF STRATUM ADJUSTMENT AND THE PRODUCT OF UNEQUAL SELECTION PROBABILITY WEIGHT AND CLUSTER SIZE ADJUSTMENT			99.99 (2 Implied Decimal Places
	1	325	AGE GROUP CODES USED IN POST-STRATIFICATION			CODES 1 - 6  1 = 18 - 24 2 = 25 - 34 3 = 35 - 44 4 = 45 - 54 5 = 55 - 64 6 = 65 +
	1	326	RACE GROUP CODES USED IN POST-STRATIFICATION			1 = White 2 = Non-white
	1	327	SEX GROUP CODES USED IN POST-STRATIFICATION			1 = Male 2 = Female
	23	328-350	BLANK			

ACTIVITY CODES AND INTENSITY FACTORS FOR COMMON LEISURE ACTIVITIES

## CODE DESCRIPTION

01. AEROBICS CLASS
02. BACK PACKING
03. BADMINTON
04. BASKETBALL
05. BICYCLING FOR PLEASURE
06. BOATING (CANOEING, ROWING,  
SAILING FOR PLEASURE OR CAMPING)
07. BOWLING
08. BOXING
09. CALISTHENICS
10. CANOEING/ROWING-IN COMPETITION
11. CARPENTRY
12. DANCING-AEROBICS/BALLET
13. FISHING FROM RIVER BANK OR BOAT
14. GARDENING (SPADING, WEEDING,  
DIGGING, FILLING)
15. GOLF
16. HANDBALL
17. HEALTH CLUB EXERCISE
18. HIKING-CROSS COUNTRY
19. HOME EXERCISE
20. HORSEBACK RIDING
21. HUNTING LARGE GAME-DEER, ELK
22. JOGGING
23. JUDO/KARATE
24. MOUNTAIN CLIMBING
25. MOWING LAWN
26. PADDLEBALL

## CODE DESCRIPTION

27. PAINTING/PAPERING HOUSE
28. RACKETBALL
29. RAKING LAWN
30. RUNNING
31. ROPE SKIPPING
32. SCUBA DIVING
33. SKATING -ICE OR ROLLER
34. SLEDDING, TOBOGGANING
35. SNORKELING
36. SNOW SHOEING
37. SNOW SHOVELING BY HAND
38. SNOW BLOWING
39. SNOW SKIING
40. SOCCER
41. SOFTBALL
42. SQUASH
43. STAIR CLIMBING
44. STREAM FISHING IN WADERS
45. SURFING
46. SWIMMING LAPS
47. TABLE TENNIS
48. TENNIS
49. TOUCH FOOTBALL
50. VOLLEY BALL
51. WALKING
52. WATER SKIING
53. WEIGHT LIFTING
54. OTHER
55. BICYCLING MACHINE EXERCISE
56. ROWING MACHINE EXERCISE

CODING LIST BLap Swimming

<u>Size pool</u>	<u>Laps</u>	
50 ft. pool	10 laps	= .1 mile
100 ft. pool	5 laps	= .1 mile
50 meter pool	3 laps	= .1 mile

Running/Jogging/Walking

1/2 mile	= .5 mile
1/4 mile	= .3 mile
1/8 mile	= .1 mile
1 block	= .1 mile